SMIDT, Jeffrey Raymond

DECLARATION FOR UTILITY OR

DESIGN PATEN	T APPLICATION	COMPLETE IF KNOWN						
(37 CF	R 1.63)	Application Num	nber					
☑ Declaration OR	☐ Declaration	Filing Date						
Submitted with Initial Filing	Submitted after Initial Filing (surcharge	Group Art Unit						
· · · · · · · · · · · · · · · · · · ·	(37 CFR 1.16(e)) required	Examiner Name						
As a below named inventor,	I hereby declare that:							
	•							
My residence, post office ad	Idress, and citizenship are as s	stated below next to r	ny name.		•			
I believe I am the original, f names are listed below) of t	irst, and sole inventor (if only he subject matter which is clair	one name is listed b med and for which a	elow) or an origin patent is sought o	al, first and Joint in the invention on	nventor (if plural titled:			
METHOD, SYSTE	M AND APPARATUS FOR MC COMMUNIC	ONITORING AND CO		TA TRANSFER II	N			
	(Titi	e of the Invention)						
the specification of which								
☐ is attached hereto								
OR was filed on 07/03/2	2003 as PCT International App	lication Number PCT	. 13003/000880	and was amended	d on 07/20/2004			
(if applicable).	.ooo do t o t international App	medican resinioen i o i	77.020007000000	end was differed	3 011 0112012004			
amended by any amendmen	eviewed and understand the it specifically referred to above sclose information which is ma	•	·	·	the claims, as			
I hereby claim foreign priority patent or inventor's certificat the United States of America inventor's certificate, or of a claimed.	y benefits under Title 37, Unite le, or § 365 (a) of any PCT int l, listed below and have also id ny PCT international application	ernational application entified below, by ch	n which designate ecking the box, an	d at least one cou ly foreign applicati	intry other than			
Prior Foreign Application Number(s)	Country	oreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cor Yes	y Attached? No			
PS3391	Australia	07/04/2002	O D		Z			
PCT/AU03/000860	Australia	07/03/2003			Œ			
hereby claim the benefit und	der Title 35, United Stated Cod	e § 119(e) of any Un	tied States provisi	onal application(s) listed below:			
Applicati	on Number(s)		Filing Date (MM/DD/YYYY)				
		,						
		A	BEST	AVAILAB	FCOP			
					にに しし!			

Attorney Docket Number

First Named Inventor

P.03

[Page 1 of 3]

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under Title 35. United States Code § 120 of any United States application(s), or § 365(c) of any PCI International Application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application in the office of the prior United States of PCI International application in the main amaner provided by the first paragraph of Title 35. United States Code § 112, 1 acknowledge the duty to disclose information which is material to specialize the prior to perform a variable between fitting date of the prior application and the national or PCT international filing date of this application. U.S Parent Application or PCT Parent Number Visual Control of Cont												
As a named inventor, I hereby appoint the following registered practitioners) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number	International A claims of this first paragrap patentability a	Application of application of Title 3 s defined in	designating the is not disclose 35, United Sta Title 37, Code	e United States of d in the prior Unite ates Code § 112, e of Federal Regula	f Amer ed Sta , I ack ations e of thi	rica, listed by tes or PCT chowledge to § 1.56 which application	elow and, international he duty to the became in.	nsofar as al applica disclose	the subjection in the neinformation between the	t matter of each of the nanner provided by the n which is material to e filing date of the prior		
As a named inventor, I hereby appoint the following registered practitioners) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number	U.S Pare	nt Applicatio	on or PCT Pare	ent Number				ł				
Direct all correspondence to: Customer Number Registration Name Registration Number						(MM/DU/Y	<u> </u>		(if 8	рріісавів)		
Direct all correspondence to: Customer Number Registration Name Registration Number												
Registered Practitioner(s) name/reglatration number listed below							ers) to pro	secute ti	nis applicati	on and to transact all		
Registered Practitioner(s) name/registration number listed below			☐ Custor	ner Number				_				
Name Registration Number OR ☑ Correspondence address below Customer Number OR ☑ Correspondence address below			OR									
Direct all correspondence to: Customer Number			☐ Regist	ered Practitioner(s	s) nam	e/registratio	n number li	sted belo	W			
Name Harness, Dickey & Pierce, P.L.C. Address 11730 Plaza America Drive Address Suite 800 City RESTON State VA ZIP 20190 Country USA Telephone +1 703 668 8000 Fax +1 703 668 8200 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname Jeffrey Raymond SMIDT Inventor's Signature A A AMAGE Residence: City 10 Hampson Street Country Australia Citizenship Australian Post Office Address Post Office Address		Name				Name						
Address Suite 800. City RESTON State VA ZIP 20190 Country USA Telephone +1 703 668 8000 Fax +1 703 668 8200 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname SMIDT Inventor's Signature A A A Address Post Office Address Post Office Address	Direct all corre		☐ Custor				OR	⊠ Co	orresponden	ce address below		
Address Suite 800_ City RESTON_ State VA ZIP 20190 Country USA Telephone +1 703 668 8000 Fax +1 703 668 8200 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname Jeffrey Raymond SMIDT Inventor's Signature A A A A A A A A A A A A A A A A A A A	Name											
City RESTON State VA ZIP 20190 Country USA Telephone +1 703 668 8000 Fax +1 703 668 8200 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname Jeffrey Raymond Inventor's Signature A A AMAGE Country Australia Citizenship Australian Post Office Address Post Office Address	·			ica Drive								
Country USA Telephone +1 703 668 8000 Fax +1 703 668 8200 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname SMIDT	Address					, .						
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: A pelition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname SMIDT			DN_		tate				ZIP			
belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname Jeffrey Raymond SMIDT Inventor's Signature A D Anath Date 16 of the 12-24 Residence: City 10 Hampson Street Country Australia Citizenship Australian Post Office Address Post Office Address												
Given Name (first and middle [if any]) Jeffrey Raymond Inventor's Signature Residence: City Post Office Address Post Office Address Family Name or Surname SMIDT Date I 6 of the 12-24 Country Australia Citizenship Australian	belief are belle like so made a	ved to be tr re punishat	ue; and further ole by fine or i	that these statem mprisonment, or b	ents worth, u	vere made w nder Section	vilh the known n 1001 of T	wledge that the 18 of	nat willful fall f the United	se statements and the		
SMIDT Inventor's Signature A C And C Residence: City 10 Hampson Street Country Australia Citizenship Australian Post Office Address Post Office Address	Name of Sol	ame of Sole or First Inventor:							unsigned inventor			
SMIDT Inventor's Signature A C And C Residence: City 10 Hampson Street Country Australia Citizenship Australian Post Office Address Post Office Address	Given Name (first and middle [if any])				Family Name or Surname							
Inventor's Signature Residence: City 10 Hampson Street Country Australia Citizenship Australian Post Office Address Post Office Address						SMIDT						
Residence: City 10 Hampson Street Country Australia Citizenship Australian Post Office Address Post Office Address								Date	16 of the 12-20			
Post Office Address Post Office Address					Country Australia							
Post Office Address						, , , , , , , , , , , , , , , , , , ,				1		
					_							
City Burnett rieads (Lid Y Zip 4670 Country Austrália			anda Old	11/1/7		7:n 407	<u>, </u>	Carrati	0	ali a		
	City	aurneπ He	ads UID	TUX		.ip 467	<u> </u>	Country	Austr	9118		

BEST AVAILABLE COPY

[Page 2 of 3]

DECLARATION						ADDITIONAL INVENTOR(S) Page 3				
Name of Additional Joint Inventor, if any:			☐ A pelition has been filed for this unsigned inventor							
Given Name (first and middle [if any])			Fam	ily Na	me or Si	ırname			· · · · · · · · · · · · · · · · · · ·	
Arron			HOL	LIS						
Inventor's Signature	a) all						Date	1	16-12-2004	
Residence: City				ntry	Austr	alla	Cilizenship		Australian	
Post Office Address									1	
Post Office Address									V	
City Burnett	Heads Qld	,	ZIp	467	0	Cou	ntry	Austra	alia	
Name of Additional	Joint Inventor, if any:					A petition	has bee	on filed for	this unsigned inventor	
Given Name (first and m	niddle [if any])		Family Name or Surname							
				-						
Inventor's Signature							Date			
Residence: City			Country				Citiz	enship		
Post Office Address										
Post Office Address										
City			Zip			Cour	ntry			
Name of Additional	loint inventor, if any:	ı				A petition	has bee	n filed for	this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname							
Inventor's Signature							Date			
Residence: City			Country				Citize	nship		
Post Office Address										
Post Office Address			- r			,				
City			Zip			Cour	itry			
Name of Additional J	oint Inventor, if any:					A petition	has bee	n filed for	this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname							
Inventor's Signature							Date			
Residence: City			Country				Citizenship			
Post Office Address						•				
Post Office Address										
City		7	Zip			Coun	try			

BEST AVAILABLE COPY

95%

[Page 3 of 3]